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09/19/2005

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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/851,494	05/08/2001	Ehud Goldin	3394/1H557US1	2229

TITLE OF INVENTION: GENE ENCODING A NEW TRP CHANNEL IS MUTATED IN MUCOLIPIDOSIS IV

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	12/19/2005
EXAMINER	ART UNIT		CLASS-SUBCLASS		
ULM, JOHN D	1649		435-006000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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1 Darby & Darby

2 _____

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

11/21/01 R/F: 012319/0580/0616

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The ML4 Foundation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Brooklyn, New York

01 FC:2501

700.00 OP

02 FC:1504

300.00 OP

The General Hospital Corporation Boston, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 A check in the amount of the fee(s) is enclosed. \$ 1000.00 Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-0100 (enclose an extra copy of this form).

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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Paul F. Fehlner

Date 16 December 2005

Typed or printed name Paul F. Fehlner

Registration No. 35,135

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